



**TRANSFIRST**

12202 Airport Way, Suite 100 Broomfield CO 80021

**FAX TO 1-800-360-7951**

ACH Change       Reactivation       Authorized Signer Add/Change

**Merchant Information**

Merchant ID #: \_\_\_\_\_

DBA or Legal Name: \_\_\_\_\_

Taxpayer Identification Number: (Must be 9 digits) \_\_\_\_\_

Type of Taxpayer Identification:  EIN     ITIN     Social Security Number    Exempt Payee:  Yes  No

Type of Ownership: (Note: Any change to Tax ID or Type of Ownership requires a new merchant application)

Sole Proprietorship, Date of Birth \_\_\_\_\_  LLC     Partnership     Ltd Liability Partnership

Government Entity     Trust     Professional Association     Political Organization     Public Corporation

Private Corporation     Non Profit Corporation     Other: \_\_\_\_\_

**ACH Information**

A \$15.00 fee is assessed for each ACH Change Form processed unless otherwise agreed.

**AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH):** The Merchant Bank is authorized to initiate or transmit automatic debit and/or credit entries and/or check entries to the account(s) identified below. Said authority is granted to Merchant Bank's Processor and their agents.

Please complete the following for each Bank Account Update/Add as needed.

Update:     Add: (select all that apply)

All Accounts     Monthly Fees (default)     Daily Settlement     Chargebacks     Monthly Billing

Type of Account:  Checking     Savings     General Ledger

BANK NAME: \_\_\_\_\_

ROUTING#: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

**INCLUDE COPY OF VOIDED CHECK**

**Add/Change Authorized Signer (leave blank if there are no changes)**

This is a Non-profit organization

Note: For Non-Profit Organizations a bank signature card or formal notice of change can be substituted in lieu of completing this section.

New Authorized Signer

Reason: \_\_\_\_\_

New/Add'l Signer Signature: \_\_\_\_\_

New/Add'l Signer Name : (please print) \_\_\_\_\_

Add Additional Signer

Reason: \_\_\_\_\_

New/Add'l Signer SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The undersigned certify and affirm, under penalty of perjury, that all changes and/or instructions contained herein have been fully authorized and approved by the Board of Directors or other managing body or person of the Merchant. By selecting "New Authorized Signer" authorized signer section, Merchant agrees that the authorized signer on the initial merchant application is no longer authorized.

**Authorized Signer**

Merchant/Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If a change is being made to the authorized signer, please provide the signature and printed name of the current authorized person in this section.

Printed Name: \_\_\_\_\_

**IMPORTANT:** If you are currently accepting American Express through a direct relationship with this card brand, please contact them at 1-800-528-5200 to update your banking information. We are unable to effect this change on your behalf. Merchants that are processing American Express through TransFirst, no further action is required. If utilizing First Data Leasing please contact them at 1-877-257-2094 to update your banking information. We are unable to effect this change on your behalf.